# 2012 Medicare Advantage plans in Washington state

## Data as of Oct. 6, 2011.

Does not include PACE, Special Needs Plans, Part B Only Plans, and Employer sponsored plans (800 series). Plans under sanction by Medicare are not shown.

## For the most current information, contact the plan directly or go to www.medicare.gov and click on "Compare Drug and Health Plans."

County	Organization Name	Plan Name	Type of Medicare Health Plan	Contract ID	Plan ID	Monthly Consolidated Premium (Includes Part C + D)	Part C Premium Only (Only use this when calculate LIS recipients premium)	Part D Premium Obligation with Full LIS	Annual Drug Deductible	Benefit Type	Type of Additional Coverage Offered in the Gap	In-Network Office Visit/ Specialist Visit	Additional Benefits	In-network MOOP Amount **
Skamania	_	Regence MedAdvantage + Rx Classic (PPO)	Local PPO	H5009	002	\$119.00	\$81.10	\$1.40	\$200	Basic	No Gap Coverage	\$15/\$40	D, V	\$3,400
Skamania		Regence MedAdvantage + Rx Enhanced (PPO)	Local PPO	H5009	004	\$211.00	\$132.80	\$41.70	\$0	Enhanced	Many Generics	\$10/\$30	D, V	\$2,800
Skamania		Regence MedAdvantage Basic (PPO)	Local PPO *	H5009	001	\$79.00				No Drugs		\$15/\$40	D, V	\$3,400

<sup>\*</sup> Indicates this type of plan does not offer Part D drug coverage.

Co	ounty	Organization Name	Plan Name	Type of	Contract ID	Plan	Monthly	Part C Premium	Part D	Annual Drug	Drug	Type of	In-Network	Additional	In-network
				Medicare		ID	Consolidated	Only (Only use	Premium	Deductible	Benefit	Additional	Office	Benefits	MOOP
				Health Plan			Premium	this when	Obligation with		Type	Coverage	Visit/		Amount **
							(Includes	calculate LIS	Full LIS			Offered in the	Specialist		
							Part C + D)	recipients				Gap	Visit		
								premium)							

# **Key to types of Medicare Advantage plans**

**Local HMO:** A Health Maintenance Organization is available in certain counties only. In most HMOs, the plan pays for care only with doctors, specialists, or hospitals on the plan's list - except in an emergency.

**Local PPO:** A Preferred Provider Organization available in certain counties only. In most PPOs, you pay less if you use doctors or hospitals, and other providers that belong to the network. For an added cost, you can use out-of-network doctors, hospitals, and other providers.

**PFFS:** A Private Fee-for-Service Plan. In a PFFS, you can go to any Medicare-approved doctor or hospital that accepts the plan's payment. When you need care, always check with your doctor to see if he or she participates in the plan.

**HMO-POS:** An HMO plan with a Point-of-Service plan option. An HMO-POS option pays for care with doctors, providers, and hospitals outside the plan for an added cost.

### **Key to Drug Benefit Type**

Basic: These plans offer basic coverage with standard deductible, copays, and coverage gap.

**Enhanced:** These plans may have higher monthly premiums than basic plans and may offer added benefits, such as no deductible, lower copayments, or some coverage during the coverage gap.

### **Key to Abbreviations**

**D:** Some dental coverage

**H:** Some hearing coverage

V: Some visual coverage

**MOOP:** Maximum Out of Pocket

#### Need help?

For consumer tips before you buy a Medicare Advantage plan, call our Insurance Consumer Hotline at 1-800-562-6900 and ask to speak with a SHIBA counselor in your area.

You can also read more about Medicare Advantage plans at: www.insurance.wa.gov/consumers/medicare/index.shtml